

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/913403

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/										
2		/		/			51						
3		/		/			52						
4		/		/			53						
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43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	9	↓	8	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	10		9				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS